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ANDREW D. FORTNEY, PH.D.

OCT 12 2005

ALEC B. PLUMB*

*REGISTERED PATENT AGENT

ATTN: **MAIL STOP AMENDMENT**

COMPANY: **COMMISSIONER FOR PATENTS / P.O. Box 1450, ALEXANDRIA VA 22313-1450**

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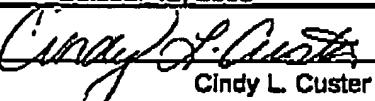
DATE: **10-12-2005** TIME: **4:00 PM**

WITH CONFIRMATION
 WITHOUT CONFIRMATION

RE: **APPLICATION No. 10/751,212**

FILED: **12-30-2003**

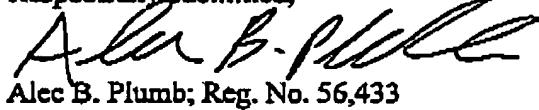
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By: 
Cindy L. Custer

SUBMITTED HEREWITH FOR THE ABOVE-CAPTIONED APPLICATION:

- Transmittal Form
- Fee Transmittal Form
- Credit Card Payment Form
- PTO/SB/22
- Amendment and Request for Reconsideration Under 35 U.S.C. 132 and 37 C.F.R. 1.111
- Cited References (2)

Respectfully submitted,


Alec B. Plumb; Reg. No. 56,433

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. GMB 0651-0031

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TRANSMITTAL
FORM

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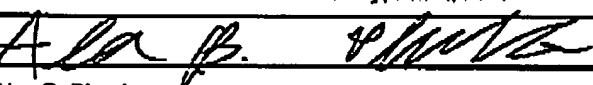
Total Number of Pages in This Submission

17

Application Number	10/751,212	RECEIVED
Filing Date	12-30-2003	
First Named Inventor	Byoung Young KANG	CENTRAL FAX CENTER
Art Unit	2814	
Examiner Name	Ha, Nathan W.	OCT 12 2005
Attorney Docket Number	PIA31223/DBE/US	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavit(s)/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<ul style="list-style-type: none">- Fax Transmission Cover Page
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<ul style="list-style-type: none">- Credit Card Payment Form
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<ul style="list-style-type: none">- Cited References (2)
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

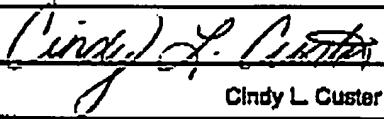
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Law Offices of Andrew D. Fortney, Ph.D., P.C.		
Signature			
Printed name	Alec B. Plumb		
Date	10-12-2005	Reg. No.	58,433

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature



Typed or printed name

Cindy L. Custer

Date

10-12-2005

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OCT 12 2005

PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
120

Complete If Known	
Application Number	10/751,212
Filing Date	12-30-2003
First Named Inventor	Byoung Young KANG
Examiner Name	2814
Art Unit	Ha, Nathan W.
Attorney Docket No.	PIA31223/DBE/US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Nonc Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity
Fee (\$)
Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims

2 - 20 or HP = _____ x _____ = 0

Multiple Dependent Claims

Fee (\$)
Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

1 - 3 or HP = _____ x _____ = 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)
Fee Paid (\$)

100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for Extension of Time Under 37 CFR 1.136(a) Fee

120

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	58,433	Telephone	559-288-0128
Name (Print/Type)	Alec B. Plumb			Date	10-12-2005

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